

BERESKIN & PARR

Box 401

Scotia Plaza

40 King Street West

Toronto, Ontario

Canada M5H 3Y2

Telephone: (416) 364-7311

Telefax: (416) 361-1302

TELEFAX TRANSMISSION

TO: U.S. Patent & Trademark Office (Filing Receipt Corrections)
(703) 308-7751

RE: Serial No. 09/060,825; Filed April 16, 1998; Art Unit 2743

FROM: H. Samuel Frost

DATE: August 7, 1998

OUR REF: 10494-010

We are sending 1 page(s) (excluding cover memo) herewith. Our telefax machine is a **Konica Konimail 400** (Groups II and III). If transmission is interrupted or of poor quality, please notify us immediately by calling (416) 364-7311 and asking for Melissa Shantz.

Please find attached a corrected filing receipt received on this application.

Please correct the title to refer to **HEARING AIDS** rather than **HEARIN AIDS** as indicated on the filing receipt. Additionally, please correct the title to refer to **PARTICULARLY**, rather than **PARTICULARLY** as indicated on the filing receipt.

For convenience, a marked up copy of the filing receipt specifying the above noted corrections is attached.

Accordingly, please make the necessary changes, and forward us a corrected filing receipt.

If you have any questions, please give me a call at (416) 640-1687.

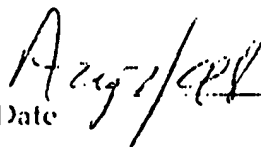
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the attached filing receipt is being facsimile transmitted to the U.S. Patent & Trademark Office on the date shown below.


H. Samuel Frost

Registration No. 31,696

Date


August 11, 1998

#5
RECEIVED
98 AUG 17 AM 10:50
GROUP 2700

FILING RECEIPT
CORRECTED



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/060,825	04/16/98	2743	\$702.00	680148	3	26	4

AIR MAIL

H SAMUEL FROST
BERESKIN & PARR
BOX 401
40 KING STREET WEST
TORONTO ON M51 13Y
CANADA

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

ROBERT BRENNAN, ONTARIO, CANADA.

CONTINUING DATA AS CLAIMED BY APPLICANT--

PROVISIONAL APPLICATION NO. 60/041,991 04/16/97

* SMALL ENTITY *

TITLE

METHOD AND APPARATUS FOR NOISE REDUCTION PARTICULARLY IN HEARING AIDS

PRELIMINARY CLASS: 381

RECEIVED
98 AUG 17 AM 10:50
GROUP 2/00